

POLICY AND PROCEDURE MANUAL

FOR

FAMILY SUPPORT SERVICES

Effective September 4, 2001

I. Introduction/General Service Description

The Tennessee General Assembly has charged the Department of Children's Services to provide timely, appropriate, and cost-effective services for children in state custody and to those at risk of entering state custody so that these children can reach their full potential as productive, competent, and healthy adults. The goals of Family Support Services are to provide quality, accountable, focused services to keep children and communities safe while empowering families to remain together.

Family Support Services has three major components that can be provided in concert or individually. The components are targeted case management, purchased services, and flexible funding.

The core or heart of Family Support Services is the provision of targeted case management services by the staff of the Community Services Agency staff. Targeted Case Management (TCM) is an activity that involves engaging the family in a positive helping relationship and empowering them to solve problems that place the child at risk of harm and of state custody.

The second component is purchased service. If there are no TennCare, private insurance, or community resources available, or if the needed services are not medically necessary, the Family Support managers may refer families to services purchased by the Community Services Agency. There are eight service types available in every region. Other case managers who work for DCS or the CSA may also access these services for non-custodial children and their families.

The third service is flexible funding to meet basic needs. These funds may be used to make purchases of tangible goods or services like payment of utility bills, purchase of furniture, etc. CSA targeted case managers as well as other CSA or DCS case managers may access these funds for non-custodial children and their families. Each region's flexible funding for non-custodial children may not exceed 15% of the total Family Support Services allocation.

The following information gives greater detail about the actual operation of Family Support Services in Tennessee.

II. Family Support Services Goals

The Family Support program will **strive to attain** the following goals.

- **Goal:** Keeping children safe in the community with their families
Outcome: 90% of families and children referred from the child protective services program will experience an increase in overall family functioning as measured by the Family Support Services Assessment instrument.
- **Goal:** Increase the capacity of children to function within the laws and standards of the their families and communities.
Outcome: 75% of families and child (ren) referred from Juvenile Justice case managers will not return to the court system due to adjudications for delinquent or unruly charges, for 6 months following the date the case was opened for service or for the time period the child and family were receiving services.
- **Goal:** Reduce the number of children placed in State custody.
Outcome: The number of admissions to State custody in the region will be reduced by 5% per year.
- **Goal:** Reduce the total number of children in State custody
Outcome: The number of children in State custody will be reduced by 5% in the region by the end of the year.
- **Goal:** Reduce the disproportionate number of minority youth in the custodial system.
Outcome: The number of minority youth in State custody will be reduced by 5% in the region by the end of the year, for those regions who have a disproportionate number of minority youth in state custody.
- **Goal:** Increase community support and involvement in prevention services.
Outcome: The Community Services Agency will develop a strategy to acquire community financial support for the Family Support Program.

III. Components of Family Support Services

- **Targeted Case Management - The Core Service**

Families enrolled in the Family Support Services program **may** receive Targeted Case Management (TCM) services provided by an employee of the Community Services Agency. If another DCS or CSA case manager is already serving a family, then TCM shall not be authorized unless a waiver is obtained from the Central Office Program Director. If a family is being transferred from another program into the Family Support Services program the two case managers may overlap services for a period of 7 working days in order to accomplish a smooth transition from one case manager to the next.

TCM is intended to improve or ameliorate the conditions and behaviors that constitute a threat of harm to children or put them at risk of coming into or re-entering state custody. TCM includes initial triage, developing a plan with the family, linking the family with resources in the community, and advocating for the child and family to receive needed services. Targeted case managers will make every effort to help families acquire needed services through TnCare or private insurance.

Private Insurance

One of the first tasks of the Family Support case manager will be to assess the family's status with regard to private insurance. If families have medical or mental health needs and are covered by private health insurance companies, this resource should be explored first in acquiring services for the families.

TnCare

Many families in need of Family Support Services may not have private insurance. The case manager will play a critical role in helping families to verify TnCare eligibility status, and helping them apply for TnCare if they are not already enrolled. This is important for two reasons. First, if the family has medically necessary needs, TnCare can provide resources to meet those needs. Secondly, TnCare funds the targeted case management services provided by the Family Support program, so DCS is reimbursed for TCM services to TnCare eligible children and families.

Other Community Services

Many communities have existing service programs, designed to meet specific needs of persons who live in the community, at little or no cost. The targeted case managers will help families access all appropriate resources available in the community.

Once a service plan is established, the Family Support Case manager continues to contact the family on a regular basis in order to assess their progress in

reducing risks. The average length of service in the Family Support Services program is 6 months.

- **Purchased Services**

In addition to insurance, TnCare, and other community services, Family Support case managers and other DCS/CSA case managers working with non-custodial children may access other services that cannot be acquired through any other means. In order to access these services, there must be a case manager (either TCM, DCS, or other CSA staff person) assigned to oversee the implementation and oversight of the service in accordance with a written plan. The Community Services Agency will purchase the following services from vendors operating in the community. All of these services must be available in all regions. The services are described in more detail in the attached SERVICE STANDARDS Section

- Intensive Family Preservation services offer a short term, highly intensive, home based service designed to protect, treat, and support families with a child (ren) at imminent risk of placement and that will enable the family to remain safely intact.
- Homemaker services are designed to teach childcare and home management skills. The service is delivered primarily in the home of families who have been referred for service due to child abuse or neglect issues.
- Respite care services limited to 72 hours to allow a cooling off period for family members or to allow time for the caregivers to attend to other issues, such as a family illness.
- Youth services are aimed at specific needs of children for enrichment or supervision. The service may be provided to children who are displaying unruly or delinquent behaviors as a means to re-channel or re-direct their energy, or may be purchased for enrichment and supervision of dependent and neglected children.
- Child Care or sitter services for children who are in need of supervision or enrichment programs.
- Electronic Monitoring
- Counseling service provided by licensed clinical staff or by non-licensed master or bachelor level staff under the direct supervision of licensed clinical staff. These services may be both home and center based services.
- Out patient drug/alcohol related services that would not be covered by an insurance program. This may include drug/alcohol assessments, drug screening, or treatment that is not considered to be medically necessary.

The service may also be extended to family members who are affected by the behavior of one individual in the family.

When the case manager is seeking a medically necessary service for TnCare eligible families, he/she should first try to access TnCare or insurance. If the family is denied the service then the case manager should pursue an appeal. Generally, all appeals should be exhausted before moving forward to purchase medically necessary services. However, if the family has urgent needs that must be dealt with immediately, then the services may be purchased, allowing more time to go through the entire appeal process.

- **Flexible Funding**

Each region may use up to 15% of service dollars in Family Support Services allocation to purchase goods and services that cannot be acquired through any other means. **If the region does not spend the entire flexible funding allocation, then the remaining funds may be used for purchased services such as those listed above.** These services are generally provided on a one-time basis but may, on some occasions, be provided to the same family more than once. Any case manager for DCS or CSA may access flexible funds to serve non-custodial children and their families. While it will be typical for a DCS or CSA case manager to be in place when these funds are used, it is possible to access the funds on an emergency basis for non-custodial families who have no active case manager, but need an emergency service to prevent placement in state custody.

Flexible Funds may cover the following:

- **Payment of Rent or Utilities:** Rent and utility payments can be made where failure to pay these expenses may result in either the removal of the child from the home or the failure of a child to be able to return home from placement. The program cannot make payments that result in the family acquiring “equity”, so it cannot pay mortgage payments or car payments.
- **Auto and Home Repairs:** In some cases, home repairs may be essential to ensure that unsafe conditions in the child’s immediate living environment are removed or eliminated. Examples would include repairing broken windows, repairing a heating or plumbing system, purchasing pest control services, or repairing items such as stoves or refrigerators. The actual purchase of furniture, appliances, or equipment is allowable if absolutely necessary to prevent the removal of the child from the home or to enable the child to return home from placement. Home repairs should be authorized only in cases where the defective condition places the child at substantial risk of harm or neglect.

- **Food/Clothing:** Food and clothing purchases should be purchased only when necessary to prevent the removal of the child from the home, keep the family unit intact, or provide an incentive for a child in cases where lack of appropriate clothing may be contributing to truancy or low self-esteem.
- **Other Services:** Flexible Funds may also be used for unique situations like the purchase of prescribed medication for a child pending Tenn-Care approval, the cost of interpreter services, or educational expenses such as supplies or workbooks if the school system is not required to provide these for youth. In providing educational or enrichment materials, staff must first pursue the availability and suitability of Independent Living funds for this purpose.

IV. REFERRAL PROCESS

A. Target Population

Family Support Services will serve children from birth to their 18th birthday (* see exceptions below) and their families in the following categories:

- A family is classified as having an overall risk rating of moderate to high and there is great likelihood of subsequent reports of abuse or neglect without immediate service intervention.
- At least one child in the family is the subject of an indicated finding of abuse or neglect or is at high risk of placement in state custody by the Department of Children's Services and/or the Community Services Agency.
- A child has come to the attention of the court and the court liaison. Services are needed in order to prevent placement or an escalation of the problem behaviors or conditions.
- Delinquent or unruly youth who need purchased services to supplement the activities of the probation/aftercare case manager.
- A child is released from the physical and legal custody of the state and is returning home from a non-continuum custodial placement (e.g. DCS foster home) or is returning to a family setting that is considered high risk and the Department of Children's Services and/or the Community Services Agency has determined that the child is high risk for re-admission to state custody without services to help maintain the child safely at home.

- A child has been placed for adoption and the adoption is finalized. However, the family is experiencing difficulty in maintaining the child in the home and services are needed in order to prevent disruption and return to state custody.
- For regions with a relative caregiver pilot project, a child is residing in the home of relative caregiver who has custody of the child, and the relative is experiencing difficulty in maintaining the child, therefore placing the child at risk of entering state custody.
- A child resides in the home where there is already an open Family Support Services case, and has been determined by the targeted case manager to be at risk of harm or state custody. All children in a given family are not assumed to be in need of these services. Conditions that place the newly referred child at risk should be documented in the file in the case recordings and on a referral/authorization form. The FSS team leader must approve this referral.
- Children who do not meet the above criteria but who are at risk of state custody may be approved for Family Support Services with a waiver from the Central Office Program Director.

Possible Overlap with Family Support Services

Generally, a child and family will not be eligible for Family Support services if they are already participating in services that are addressing the issues that put the child (ren) at risk and /or they are enrolled in another comprehensive service funded by the Department of Children's Services, or in some other case management service available in the community.

However, it **is permissible** for families to receive the following services in addition to Family Support Services:

DCS funded prevention services like "Kids on the Block", or other program managed by the DCS Child Abuse Prevention contract staff in Nashville.

Juvenile Education Academies

SSBG Child day care services

Services from the Child Advocacy Centers, Family Resource Centers, Governor's Prevention Initiative, Healthy Start, and Child Development Services

Case management services for Severely Emotionally Disturbed Children. (NOTE: These services must be coordinated with the family and the other case manager so that the roles and responsibilities of each case manager are clearly understood to all parties.)

It is **not permissible** to overlap Family Support Services with the following services unless a waiver is obtained:

CIS Services, unless ordered by the court

Intensive probation services such as “Exit” and “Reunion”.

Any JAIBG funded program that provides case management services.

Services available through a continuum contract

TnCare provided services of CTT (Continuous Treatment Team) and CCFT.
(NOTE: It is permissible to re-open a TCM case on a family after these services have been de-authorized.)

B. Who Can Make Referrals

Since a main goal of Family Support Services is to reduce the custodial population and the commitments into State Custody, Family Support Services may be tailored to meet the needs of each region. In some areas, the unruly adolescent population may be those most at risk of state custody. In other regions, the abused and neglected children may present a more pressing problem. Because of these regional differences, it is important that the staff of each region have the ability to assess their unique situations and establish pertinent priorities. Each region will prioritize the following referral sources:

- Court liaison staff on the recommendation of the Juvenile Court or after completing a non-custodial assessment or home study and determining that a child (ren) is at risk of state custody and the family needs services available through Family Support Services.
- Child protective services staff either during or at the conclusion of a child protective services investigation. During an investigation, crisis service needs may be identified, that, if met by Family Support Services, could allow the family to remain intact. A family could also be referred once an investigation is complete and a determination is made that risk of abuse or neglect and risk of state custody remains high without further service provision available through Family Support Services.
- Family Crisis Intervention staff, either during or at the conclusion of the crisis intervention program, if the child remains at home but risk of state custody remains without continuing services available through Family Support Services.
- Case managers working with child (ren) on probation or aftercare supervision who continue to be at risk of custody because of delinquent or unruly behaviors and could benefit from services available through Family Support Services; (NOTE: Since case managers who carry probation and after-care caseloads do not transfer or close cases served through

FSS, these cases should **not** receive the targeted case management service unless a waiver is obtained from the Central Office Program Manager. If TCM is provided then the DCS case manager will maintain the case in inactive status. If TCM is not provided, these children and families may still be referred to FSS to receive other purchased services or tangible goods.)

- Case management staff that identifies a child (ren) returning home from a high risk, non-continuum custodial placement and are at high risk of re-admission to state custody without the services available through Family Support Services.
- Adoption Staff who have knowledge of a post-adoptive situation where disruption is imminent if services are not provided.
- Family Support Services targeted case managers who identify additional children in the family to be at risk.
- Where the programs exist, staff of the Relative Caregiver program may refer families to this program. This may occur through DCS supervisory staff, or may come directly from the Relative Caregiver program to the FSS program.

C. Referrals and Authorization

Individual case managers may refer children and families to the Family Support Services program by completing a referral form that explains the current situation and why services are needed. The case manager's team leader reviews the referral form and approves or denies the request for services. If approved, the referral is quickly forwarded to the Family Support Services supervisor for his/her review. The Family Support Services staff will determine which services are needed to address the situation and will authorize those services.

Time Frame for Case Assignment

The referral form will have a space to indicate if the case requires attention on an emergency basis. If the case is an emergency then the CSA supervisor must assign the case to a FSS case manager on the same day. If is not marked emergency then the case must be assigned to a case manager within 24 hours (1 working day).

No Right of Refusal

The Community Services Agency may not refuse any cases referred by the above-listed case managers and approved by their team leaders, as long as the referred children fall within the guidelines of the defined target population. Once

a case is received, the CSA has the authority to select the services that are to be offered to the family.

If Family Support Services case loads become high and the program is unable to effectively meet the needs of all of the children and families referred, then the CSA Executive Director and the Regional Administrator will jointly decide how to set priorities for service delivery and ways to manage the workload.

V. Service Delivery

Initial Contact: Non-Emergency Referrals

In cases that are not indicated as an emergency, the Family Support staff person will make initial contact (either face to face or by phone) with the family within 24 hours or 1 working day. A letter is not an acceptable form of initial contact. After the initial contact the FSS case manager must follow up with a face-to-face contact within 5 working days.

Initial Contact: Emergency Referrals

If the referring case manager has recommended that the family receive emergency services, the Family Support case manager must make initial contact on the same day and will have a follow-up face-to-face contact with the family within 48 hours. If the situation has stabilized the follow-up contact may occur on the next working day rather than fall on a weekend or holiday.

Contact with the Referring Case Manager

Upon receipt of any case the receiving case manager shall confer with the referring case manager about the family's situation. This conference may occur by phone or in person and shall be documented in the case recordings. Some regions may choose to implement a weekly case transfer meeting for the purpose of discussing each new referral for targeted case management.

Emergency Referrals

Upon receipt of an emergency case, Family Support Services worker shall contact the referring case manager in order to learn about the behaviors and conditions that constitute the risk, the immediate needs of the family, and the existence of a safety plan for the family. It is particularly critical to have this conversation on a case that has been referred for emergency services. If the referring case manager has put a safety plan in place, then a copy of this plan

must be made available to the Family Support case manager. The Family Support case manager must uphold and abide by the terms of the safety plan until that plan is formally withdrawn or re-negotiated. Dropping or changing the plan requires consultation with the FSS supervisor, the referring case manager or his/her supervisor, and DCS legal staff.

Efforts to Locate the Family

In order to locate the child and family the FSS case manager **must** do these activities and document them in the case file:

- Make three home visits at different times of day.
- Contact the school for information on the parents' name/address and the name of the emergency contact person listed by the parent.
- Contact the local utility company for the family's last known address.

In addition to these activities above the following **may** be considered:

- Contact the post office for the family's address.
- Conduct a local law enforcement check.
- Ask the Child Welfare Benefits Unit to search the ACCENT system for information on the family
- Send a certified letter.

Engaging the Family

Family Support Services are typically offered to children and families on a voluntary basis. However, the court may order these services to be delivered. In any case, the case managers must make multiple tries to engage the family in the change effort to keep the children and community safe while the family remains intact. The FSS case manager **must** have at least one face-to-face contact with the family to explain the service and to gain the family's cooperation in accepting the services. Other important activities in this initial contact include inquiries about the availability of health insurance and the family's TnCare eligibility. The case manager must have the adults in the family sign a release of information form in order to allow for coordination and sharing of information with other service providers.

Options When Families Refuse Services or Will Not Make Contact

If the family makes themselves totally unavailable or verbally declines the service, then the FSS case manager must confer with his/her supervisor and the referring case manager or his/her supervisor. The decision-making team must consider the level of risk for the child (ren) and decide to pursue one of the following options:

- Close the case. If the family's situation no longer constitutes imminent threat of harm or commitment then this may be the best course of action.
- DCS will confer with the DCS Legal Counsel and file a petition to mandate provision of services. (NOTE: This applies to cases that were not court ordered at the onset of service initiation.) This decision may be most appropriate if the level of risk remains high but there is still hope that home based services can be effective in reducing risk.
- Confer with DCS Legal Counsel and refer the family back to DCS for possible filing of a petition for removal. This could be the best choice if significant risk issues remain and there is little likelihood of maintaining the child (ren) safely in the home.

Developing a Service Plan with Targeted Case Management

For referrals where a CSA case manager is assigned, Family Support Services case manager will develop an assessment and a written Service Plan that addresses the unique needs of the child and family within 15 working days (note exception below) of receipt of the authorization. The plan should be signed by the adult family members and by the child at risk as appropriate. A copy of the plan must be given to the family, and the original must be placed in the case record. Thereafter, Family Support staff will put written progress reports in the record on a quarterly basis. The Service Delivery Plan must be updated as new behaviors/issues emerge and/or as goals are met. The family should also sign and receive copies of revisions of the Service Delivery Plan. The original is placed in the FSS files.

Service Plans In Families Requiring Intensive Family Preservation Services

If the Family Support staff determines that Intensive Family Preservation Services are necessary and appropriate, then the provider agency will develop the service plan that will be in force throughout that intervention. The FSS case manager **must** participate in plan development through attending the planning meeting and providing copies of the referral form and risk assessment if appropriate. If there is a safety plan in place, the FSS case manager must assure that the provider has a copy of the plan and is prepared to uphold the plan while working with the family. A safety plan may be changed or re-negotiated upon conferring with the FSS supervisor, the referring case manager or his/her supervisor, and DCS legal counsel. If the case reverts back to FSS

after the intensive services are provided, then FSS will develop a new service plan within 15 working days of receipt of the case.

Implementing the Service Plan in Targeted Case Management

Initial Case Contacts

The Family Support case manager must conduct a minimum of one face-to-face contact per week with the family for the first 4 weeks and a minimum of one face-to-face contact per month for the remainder of the service delivery phase.

Exception: If the family is receiving Intensive Family Preservation Services then the FSS case manager does not visit the child and family weekly. See the section below on FSS role when Intensive Family Preservation is in place.

Exception: If the service needs of the family can be effectively met with less face-to-face contacts in the initial four weeks, then this contact requirement may be reduced with the permission of the supervisor. Permission must be documented along with the justification for reduction. The requirement for initial contact may not be totally waived. There must be at least one face-to-face contact with the caregivers and children in order to officially begin the service delivery.

Ongoing Monthly Contact

After the plan is developed the case manager must have at least one face-to-face contact with the family each month. This requirement may be changed to allow for telephone contacts rather than monthly face-to-face contacts with the permission of the supervisor. Such permission shall be documented in the case recordings. This waiver may be appropriate in some cases where purchased services are being provided. If this waiver is granted there shall be a minimum of one face-to-face contact in each three-month period. Regardless of the number of face-to-face contacts each month, the case manager shall continue to provide oversight for any purchased services, acquiring monthly reports from providers and documenting the family's participation in purchased services and noted improvements resulting in that participation.

Oversight of purchased Services

When purchased services are provided, the assigned case manager (this may be a targeted case manager, a probation officer, a FCIP case manager, or any other non-custodial case manager in the DCS or CSA system) will establish and maintain a working relationship with the provider, thereby providing oversight to assure that the service is delivered to the family and to document that family's

response to the service. The case manager shall receive and maintain copies of written reports from providers.

Additionally, the required monthly contacts with the family should reflect some discussion with the family about the status of the purchased services in the home.

Oversight of Other Services Acquired in the Community

The case managers will contact other professionals and engage in other activities as needed to link the family with needed services and to advocate for the child and family in the community. The Family Support case manager should stand ready to accompany the family to meet service providers, schools, or other agencies. The case manager will also communicate with these services providers on a regular basis, acquiring reports on the family's participation and progress. In this way, the case manager serves an oversight function for any auxiliary services are actually being provided.

Ongoing Evaluation of Progress and Risks

In the process of communicating with the family and other services providers, the Family Support case manager will continually be assessing the family's progress in reducing risk of harm and/or entering state custody, looking for signs that the *behaviors and conditions* that constitute the risk to the child are improving or diminishing. Progress toward stated goals shall be addressed in at least one case recording each month and again in the quarterly report.

FSS Role When Intensive Family Preservation Services are Being Provided

The Family support case manager must have personal contact with the Intensive Family Preservation Services provider in order to convey the information on the reason for the referral, the identified problems, and the goals of the intervention. The Intensive Family Preservation provider will have a copy of any safety plan, the risk assessment (if applicable), and any other documents that are necessary in order to provide services to the family. The family support case manager and the Intensive Family Preservation provider must have an initial joint meeting with the family for the purpose of clarifying the problems to be dealt with and the roles and responsibilities of all parties.

During the contract provider's intervention, the family support case manager will have at least one face-to-face contact per month with the family. The case manager will confer with the provider weekly, monitoring participation and progress of the family, and jointly evaluating the need for further intervention by

the provider. The provider will provide a written report each month to the family support case manager.

When the family reaches the desired goals or if Intensive Family Preservation services are no longer needed, the provider services must be terminated. The family support case manager must discuss this termination of services with the family and establish the next steps in service delivery. When the intensive services are removed, the family may continue to receive family support services with the development of a new service plan within 15 days of termination of the Intensive Family Preservation program.

Escalation in Risk and Possible Need for Court Action

In some situations the family may not respond to the intervention and the level of risk of the child may actually increase. In these situations **the targeted case manager should refer the case back to the Child Protective Services program** for investigation of the current circumstances and possible need for removal or court ordered service plan. If such a referral is made, it is critical that the FSS case manager share all pertinent information with the CPS case manager who will in turn advise the DCS attorney. Since these situations may occur on an emergency basis, the FSS case manager must be available to share information in a telephone or personal conference with the CPS investigator. The FSS case manager shall complete his/her case narrative describing the family's situation and the FSS activities as quickly as necessary or by the end of the next working day. Once entered into TnKids, all parties that need to know can then access this information. If court action is necessary, it will likely be necessary for the Family Support Services case manager to testify in any court proceedings regarding the family.

DCS Staff to File Petitions

If FSS staffs encounter any family situations that may require filing of a petition, all such cases shall be referred back to the Child Protective Services program for investigation and possible legal action. In the vast majority of situations the DCS staff shall be the only persons to serve as petitioners in legal proceedings to remove children from their homes. The only possible exception to this may occur upon the advice and consent of DCS Legal Counsel, who may prefer that the FSS staff person serve as petitioner due to his/her specific knowledge of the case.

No Ex Parte Communication

Ex parte communication refers to casual conversations with Judges or Referees on matters that are before the court or may come before the court for a decision. Such conversations are unlawful and unethical since they may unfairly bias a

jurist's decision on a case. FSS case managers and staff, like all other CSA and DCS staff is specifically prohibited from engaging in ex parte communication.

New Reports of Harm

If there is a new allegation of abuse or neglect in a family where Family Support Services are already active, then this information must be referred back to the CPS intake unit for investigation. The family support intervention may continue during the investigation, depending on the issues in the case and the most practical course for assuring safety and empowering the family. The CPS investigator assumes responsibility for determining if a new incident occurred, what risk factors contributed to the situation, and the classification of the report. FSS case manager continues case management responsibilities listed in the service plan. **The FSS case manager shall have a conversation with the CPS investigator about roles and responsibilities in the case in order to clarify who is doing what. This conversation shall be documented in the case recordings.**

Safety Plans

The Safety plan is a short-term emergency strategy that reduces the risk of harm or commitment to state custody while the family engages in an effort to bring about more long-term changes. **Safety plans are developed by CPS investigators and may be voluntary or court ordered.** Such plans may include establishing a behavioral contract with family members, providing temporary childcare, or having temporary caretakers available in the home to provide for the children. Other examples may include a voluntary plan whereby one of the parents in the home stays with friends or relatives, or the child temporarily stays with a relative or family friend.

Some families will arrive at the FSS unit with a safety plan in place, developed by the referring case manager. If this is the case, then the FSS case manager must be provided with a copy of the plan and must uphold and abide by that plan until it is dropped or re-negotiated. The decision to drop or change the plan must include the FSS supervisor, the referring case manager and his/her supervisor, and the DCS Legal Counsel.

Providing Respite Services

One of the purchased services available to families is respite care. This refers to placing the child or children in an approved or licensed childcare setting to provide a cooling out period for the family, or to give the caregivers time to address some other needs within the family. Respite services may only be provided in situations where the parents voluntarily agree to allow their children to reside outside the home for up to 72 hours. **Use of respite services is not the same as a safety plan.** Situations where use of respite is appropriate do

not involve critical safety concerns for the child or children, whereas a situation requiring a safety plan would involve an imminent risk of harm.

Even though this service is provided solely to reduce stress in the family and on a voluntary basis, a DCS attorney must be informed of this plan. The FSS case manager shall inform the attorney by e-mail or phone call after the plan to provide respite is developed. This is important because the provision of respite involves separating a child from his/her family (even though the parents are in agreement). **It is essential that the FSS case manager acquire the parent's or caregiver's signature on the Agreement Between Parents(s) or Guardian and the Community Services Agency.**

Once again, providing respite services is not appropriate if the services are necessary due to serious safety risks for the child. If imminent threat of harm exists, the situation must be referred back to the CPS staff for investigation of that situation and possible enactment of a safety plan sanctioned by DCS legal counsel.

Transportation

Transportation is a required component of Family Support Services and may be provided directly or through a contract provider.

De-Authorization

The Family Support case manager may close a case, with the concurrence of his/her supervisor, when the family has made significant improvements in the behaviors and conditions that created the high-risk situation and has received services for six months. However, closure can occur in less time under the following circumstances.

De-Authorization Prior to Six Months

If the Family Support case manager believes that case closure is appropriate prior to the six months time frame, he/she will make a recommendation for closure to the Family Support Program Supervisor for his/her approval. The referring case manager and his/her supervisor will be apprised of this decision. If the referring case manager has questions or concerns about the closure then the two case managers shall talk about the concerns and strive to reach consensus on the closure. If that is not possible the situation may be referred to the supervisors and ultimately the team coordinators for resolution. Services will continue to be delivered until this final decision is made. NOTE: This section does not apply to families that FSS could not engage. See section above.

Right to Appeal

Any time that **targeted case management services** are de-authorized for a TnCare eligible family, that family must be informed in writing of the right to appeal that decision. The FSS case manager will present the adults and children (as appropriate) with the appeal and ask for their signatures denoting that they have been apprised of the right to appeal the de-authorization decision.

Extension of Services

A child (ren) and family can be extended for additional services on a month-to-month basis if the services are needed to avoid harm to the child or commitment to state custody. The Family Support case manager and the Family Support Program Supervisor make this decision.

Other reasons for de-authorization will include:

- Placement in state custody
- Child runs away for longer than 14 calendar days
- Child moves out of state
- Child reaches 18th birthday (or 19th birthday if on after-care) and does not choose to receive further services
- Authorized child (ren) and/or the adult caretaker refuses to participate in services. Family Support Services must demonstrate repeated, specific attempts to engage the family in service provision such as phone calls, home visits, written messages, etc. before de-authorization can be approved.
- Child moves out of region. In these situations the FSS case manager will refer the family to the FSS program in that region.
- Transfer to Other Region
- Overlap of Services – After assignment staff realized that some other case management service was in place.

VI. Case Files and Documentation

A. Documentation in TnKids and in the ACCESS Data Base

The TnKids file is the official record of the FSS case. All cases receiving targeted case management shall be entered into TnKids using the NRN icon. (Note: The name of the icon will eventually be changed to FSS.) TnKids screens provide space for basic demographic information on the children and parents or caregivers in the case and space for case recordings. Families that receive only FSS Purchased Services or FSS Flexible Funding will not be entered under this icon.

All cases including targeted case management, purchased services, and FSS Flex Funds will be entered on the ACCESS database maintained by each Community Services organization. This program allows the CSA to track specific expenditures on every aspect of FSS and to also generate outcome reports and data for reimbursement.

B. Information in the ACCESS database shall include at a minimum:

- Child's name, social security number, and date of birth
- Region
- Case Manager's name
- Services authorized (e.g. targeted case management, Intensive Family Preservation services, homemaker, etc.)
- Beginning Date of Service
- End Date of Service
- Information on Completion of the Authorization and Approval Forms

C. Hard Copy File

The Family Support Services case manager shall maintain a hard copy file that gives information on services for each authorized child. Each region must establish one file per family with sections for forms and information related to the whole family and tabbed sections for each authorized child. Case recordings for each child and other pertinent documents pertaining to that child shall be maintained behind the tab for each child. The file shall bear the case name of the primary caretaker of the children.

The file will include at a minimum:

Referral and Authorization form – One form that shows the name of all family members and indicates which children are authorized for services. Each region may expand this form for use of purchased services or may establish a second form

Purchased Services/Flex Fund Referral and Authorization forms (Regional Option as stated above)

Release of Information Form

Information on TnCare Eligibility – This will likely be an entry in the case recording that tells about the eligibility status of each authorized child.

Family Support Services Family Assessment - There shall be one family assessment in each file. The newly developed Family Support Services Assessment will be required effective October 1, 2001.

Service Plan – There shall be one service plan that denotes the goals to be achieved and the activities of all persons to meet those goals.

Agreement to Provide/Accept Respite Services Form if needed

Case Recordings – Must be done for each authorized child. If a case contact involves seeing several clients or family members at one time, then one recording may be written to describe that contact. A copy of that recording would be placed behind the tab for each authorized child for whom the contact was relevant.

Quarterly Reports on case progress – Once report can be done that addresses the needs and issues of all of the children. The report must speak to each authorized child and progress in meeting that child's needs.

Reports from other Service Providers, either purchased services or reports from others

De-authorization from Targeted Case Management form

Any other documentation

VI. Program Management

In the family Support Services program, program management involves:

- Authorization for services
- Service extension
- De-authorization
- Programmatic and fiscal accountability for service provision.

Authorization

As stated earlier, the individual case managers refer families for the Family Support Services program. The Team Leaders review and approve those

referrals. The Family Support Services Program Supervisor accepts all referrals, evaluates each to determine the type and intensity of services required by the families, and authorizes those services. The FSS program may deliver any individual service or combination of services that are described in the service standards portion of this policy.

Notification of the Referring Case Manager

When the type and service level is determined, the FSS case manager or supervisor shall notify the referring case manager of the services to be delivered to the family. If that referring case manager disagrees with the type or level of intensity of the services to be provided, there must be a mechanism in each region for staff to state their concerns and to request a re-consideration of the decision. Each region must develop and formalize its own procedures for this process.

Services will be initiated within the stated time lines in Section V. Service Delivery, and in a manner that insures the safety of the child, family, and community.

Assignment of FSS cases

Emergency cases will be assigned on the same day and non-emergency cases will be assigned within 24 hours or 1 working day. Assignment will be based on certain factors to be determined by the Family Services Program Supervisor. These factors may include geography, caseload size, and case manager expertise.

Providing Services in Addition to Targeted Case Management

If services other than targeted case management are required, the Family Support case manager will initiate a request for purchase and obtain approval from the Family Support Services Program Supervisor. The Supervisors will determine the appropriate vendor/contractor to perform the services needed.

Tracking Utilization

The program Supervisor will be responsible for tracking daily utilization of contract and services expenditures and for providing a monthly utilization report to the CSA Executive Director and Regional Administrator. To insure fiscal integrity, The CSA Fiscal Director will meet with the Family Support Program Supervisor at least monthly to review contract expenditures. The CSA Fiscal Director will submit the fiscal reports as required monthly by DCS.

Fiscal Accountability

The Family Support case managers will insure that services are appropriately provided by contractors and vendors through regular contacts with families and providers. These contacts will be recorded in the ongoing narrative in the case file. In addition, the providers will submit monthly reports to the Family Support case manager for inclusion in the case file. Likewise, the family support case managers will review and approve vendor's invoices prior to payment of those invoices. Any other DCS or CSA staff person who is acting as case manager on a non-custodial child and accesses services or flex funds through the FSS program must play this same role.

Programmatic Accountability – Monthly File Review

To track all cases receiving FSS services the Family Support Program Supervisor will assure that the data on the operation of the FSS program is captured in the ACCESS data base, and that all targeted case management cases are captured in the TnKids system.

Additionally, to insure the integrity of the targeted case management function, A 10 percent sampling of child case files shall be reviewed on a monthly basis. A 25 percent sampling of cases assigned to a new employee on probationary status must be reviewed monthly until a satisfactory review score is achieved. This file review shall be conducted in compliance with Tennessee Department Children's Services Administrative Policies and Procedures 13.16, Program Operations Quarterly File Review, with the following exception. Section D names the Regional Administrator as the recipient of reports on this activity. The results of reviews of the Family Support Services program shall be sent to the Community Services Agency Executive Director.

Regions shall create their own audit instrument that includes all of the mandated activities stated in this policy. A sample form is available.

VII. Reports

Family Support Services program will provide an annual report for the Commissioner of the Department of Children's Services, with copies to the Deputy Commissioner, Assistant Commissioners, the Director of Policy Planning, and Research, the Director of Program Operations for Non-Custodial Services, and the DCS Regional Administrators. The report shall include the following information:

- Total number of Children and families receiving targeted case management, by referral source, by region. The report will include all those that have been closed and those currently open on the last day of the fiscal year.

- Number of de-authorized children entering state custody, by region.
- Total number of children who received Intensive Family preservation, by region. Of this number, how many were de-authorized due to entering state custody?
- Number of children receiving targeted case management (both de-authorized and continuing) by race and age, for each region.
- Number of children receiving purchased services (including tcm/purchased) by region, type of service purchased, and referral source
- Type of services purchased by CSA targeted case managers and total costs for each type, by region.

The following report will be available after the implementation of the new Family Assessment, which provides a measurement tool for family functioning:

- Comparison of original Family Functioning Scores and scores tabulated at case closure, thereby denoting progress in strengthening the family.

The following reports will be available when we have the ability to generate them through TnKids.

- Number and percentage of children served who are referred to DCS because of an indicated case of child abuse or neglect, 6 months following the date the case was opened for service.
- Number and percentage of children served who have new or subsequent adjudications for unruly or delinquent offenses during the 6 months following the date the case was opened or for the period of time the family received services.

The following information is available now through reports generated by the Policy and Planning Division:

- The total number of regional commitments to state custody as compared with the same month in the previous year.
- The regional increase or decrease in state custody (both numbers and percentages) as compared to the same month of the previous year.
- The number of minority children committed to state custody, as compared to the same month of the previous year.

SERVICE STANDARDS

FOR

FAMILY SUPPORT SERVICES

FAMILY SUPPORT SERVICE STANDARDS

TARGETED CASE MANAGEMENT SERVICES

Definition:

Services to help families and children develop and implement plans and access services to reduce risk of harm to children and/or risk of entering state custody.

Provided by: Community Services Agency

Scope of service:

- Makes a contact with the family within 24 hours of receipt of referral
- Makes a face to face contact within 48 hours if the family is deemed to need emergency services by the referral source; makes a face to face contact within 5 working days if the family is referred for services other than emergency services
- Verifies insurance coverage or TnCare eligibility. Engages in activities to allow family to apply for TnCare coverage if needed.
- Develops a service plan that contains time-limited, measurable goals, based on the problem behaviors and/or conditions that present a risk of harm or risk of entering state custody.
- Advocates for family to receive and links the family with needed services in the community. This includes services available at no cost, through insurance or TnCare, through a contract, or through flexible funding.
- Provides transportation, either directly or through contract providers, as needed to access community resources
- Helps family access resources to meet basic needs for food, clothing, shelter.
- Service occurs primarily in the family home and community at times most convenient for the family
- Services are responsive to cultural, racial, intellectual, economic, social, spiritual and gender differences among families.
- Has face-to-face family contact at least once per week for the first 4 weeks. These contacts may be reduced with the written consent of a supervisor. Such consent must be documented in the file. After the first 4 weeks, the case manager continues to monitor progress in achieving goals at least once per month thereafter.
- Is available to help families deal with crises 24 hours a day, 7 days per week.

Minimum Staffing Requirements

Bachelor's level staff person who has completed training.

FAMILY SUPPORT SERVICE STANDARDS

INTENSIVE FAMILY PRESERVATION SERVICES

Definition:

Short term, highly intensive, home-based service designed to protect, treat and support families with at least one child at imminent risk of placement in state custody. These services may also be used to reunify a family when a child has been in a non continuum, out-of-home placement and this level of intervention is needed to enable the child to return home and successfully remain there.

Provided by: A Contractor

Scope of Service:

- Contact with family within 24 hours of referral; first face to face within 48 hours.
- Provides a wide range of flexible and responsive services tailored to the individual child and family.
- Families receive an appropriate mix of face-to-face child and family contacts, with a minimum of 3 such contacts, and 6 hours of total combined case activity each week.
- All contacts are documented with progress notes
- Formulates a strengths-based, behaviorally specific needs assessment.
- Develops a service plan that has time-limited, measurable goals developed in partnership with the family.
- Utilizes a cognitive/behavioral approach to teach all family new skills so that they can more effectively manage their lives.
- Provides for the basic needs (food, clothing, shelter) of families.
- Services are delivered at times and places most convenient for the family, primarily the family home and community.
- Support is available to the family 24 hours a day, 7 days a week
- Is responsible for providing transportation as needed.
- Services are responsive to cultural, racial, intellectual, economic, social, spiritual and gender differences among families

Minimum Staffing Requirements

Master's level specialist or bachelor's level specialist under the direct supervision of master's level staff. Training for staff prior to their working with families on delivering home based crisis intervention services and cognitive/behavioral interventions.

FAMILY SUPPORT SERVICE STANDARDS

HOMEMAKER SERVICES

Definition:

Supportive services which involve a series of personal contacts in the home by qualified para-professionals employed as homemakers. Homemakers act under the supervision and guidance of professional staff.

Provided by: A Contractor

Scope Of Service:

- Teaches homemaker skills; including the preparation of nutritious, appetizing meals.
- Teaches household management skills.
- Teaches parents to be responsible consumers and to budget money wisely.
- Teaches parenting skills/appropriate discipline techniques.
- Teaches personal skills (good grooming, healthy living habits, appropriate dress).
- Assists in use and acquisition of medical and other community resources.
- Provides transportation as needed; teaches family members to use public transportation as appropriate.
- Provides encouragement and seeks to stimulate self-help attitudes and behavior.
- Case management by professional staff as needed.

Minimum Staffing Requirements

High school diploma or GED with specialized in-service training on how to provide this service. Works under the supervision of bachelor's level or above degreed staff.

FAMILY SUPPORT SERVICE STANDARDS

RESPITE CARE

Definition:

Placement of the at-risk child (ren) outside the home to allow a cooling off period between family members in a crisis situation to avoid harm to a child (ren) or family member. The legal custodian must agree in writing to the temporary respite placement.

Provided by: A contractor

Scope of Service:

- Limited to 72 hours.
- Provides immediate intervention to families in crisis.
- Must possess a residential child caring or child placing license.
- Transportation services, if required

Minimum Staffing Requirements

Must be provided by a licensed childcare agency or by an approved DCS foster home.

FAMILY SUPPORT SERVICE STANDARDS

COUNSELING

Definition:

Therapeutic services provided by licensed clinical staff (or by non-licensed master or bachelor level staff under the direct supervision of licensed clinical staff) that are both home and center based to work with children and families who are found to need this level of intervention following an assessment by the referring agency.

Provided by: A Contractor

Scope of Service:

- Ongoing psychosocial counseling for victims of child physical or sexual abuse, and their families.
- Psychosocial counseling for perpetrators of child physical or sexual abuse when the perpetrator is a family member or child (ren) under 18 who is not in state placement.
- Services for children and their families who are experiencing family dysfunction so severe that ongoing psychosocial counseling is necessary to help the family remain intact.
- Psychosocial counseling for children and their families who have a diagnosed DSM-IV mental illness that left untreated is putting the child at risk for abuse or neglect and/or state placement. (NOTE: This only pertains to clients who are not TnCare eligible. Otherwise, TnCare would be providing this service.)
- Provides age appropriate parenting skills training and child development information.
- May include generic services (individual, group and family counseling) and highly focused services (social skills training, substance abuse refusal skills training, adventure-based counseling, cognitive therapy, medication monitoring, etc.).
- Home based services that teach parents to apply life skills in their home setting.

NOTE: This service is for children and families who cannot access TnCare counseling services, either because they are not TnCare eligible or the service is not deemed to be medically necessary. If TnCare denies counseling services for eligible children then the

Family Support staff must appeal this decision before purchasing services through this mechanism.

Minimum Staffing Requirements

Services must be provided by a licensed clinical staff person, a non-licensed master's level staff person, or a bachelor level staff person under the direct supervision of licensed clinical staff.

FAMILY SERVICE STANDARDS

YOUTH SERVICES

Definition:

Services aimed at a child (ren) who are displaying unruly or delinquent behaviors or are “latch key” children and unsupervised. Services must be available during the peak hours that children usually get into trouble or are home alone (afternoons after school, early evenings, weekends and summer months).

Provided by: A Contractor

Scope of Service:

Services may include, but are not limited to:

- Mentoring services to improve self esteem and provide positive role models.
- Tutoring
- Community services work
- Athletic programs
- Arts and crafts
- Group work with teens aimed at teaching life skills such as improving problem solving and negotiation skills, anger management, or values clarification
- Services to the families should include age specific parenting education in parenting classes and/or one as appropriate
- Advocacy services to help families and children with school difficulties in accessing the appropriate educational placement or staying in the local school system
- Transportation as necessary in order to access services

Minimum Staffing Requirements

Due to the diversity of staff who may be involved in the delivery of this service, the minimum educational requirement is High School graduation or GED. All staff must be supervised by someone with a minimum of a bachelor's degree.

FAMILY SUPPORT SERVICE STANDARDS

ALCOHOL AND DRUG SERVICES

Definition:

Services that provide intervention, support, and referral for family members and/or child (ren) who are impacted by alcohol and drug issues. Services deemed medically necessary, including direct alcohol and drug treatment, cannot be purchased or funded under this program.

Provided by: A Contractor

Scope of Services:

- Counseling for problems and issues regarding alcohol and drug dependency.
- Drug/Alcohol Assessments.
- Drug Screens
- Referral to medical alcohol and drug treatment programs in the community
- Advocacy services for TnCare eligible children and families which includes but is not limited to helping the family enroll in TnCare, helping the family access needed services, and helping with the appeal process if necessary

Minimum Staffing Requirements

A certified Alcohol and Drug therapists or counseling staff under the direct supervision of a certified A and D therapist.

FAMILY SUPPORT SERVICE STANDARDS

CHILD CARE and SITTER SERVICES

Definition:

Child Care and Sitter services provide safe and appropriate supervision of a child while parents are unable to provide care due to employment, going to school, or other activities. These services are provided to prevent harm to the child or commitment to state custody only when no other childcare resource is available.

Scope of Service

- Child Care services can only be provided when such will prevent removal of the child from the home.
- Providers may include licensed childcare centers and licensed day care homes.
- These services may not exceed 3 months length of services.

FAMILY SUPPORT SERVICE STANDARDS

ELECTRONIC MONITORING

Definition: Electronic monitoring involves placing a mechanical monitor on a child's wrist or ankle that is designed to detect unauthorized movement of the child. . Electronic monitoring may be helpful in cases where the court or case manager want and need reassurance that the child can remain in the home or be returned to the home safely and without endangering himself or the community.

Provided by: A Contractor

Scope of Services:

- These devices are invasive by nature and should only be used in cases where unauthorized movement of the child is placing the child or others in danger.
- Long-term authorization and use of electronic monitoring equipment is discouraged.

If situations arise that are not covered by these guidelines, the Family Support Staff should seek a policy waiver from the central office staff of the Department of Children's Services.